

two inches towards the sterno-clavicular articulation. The next incision penetrated the platysma hyoides, and exposed the omo-hyoid, the sterno-cleido-mastoid, and a part of the sheath of the vessels. The omo-hyoid was readily pressed to one side, but, owing to an unusual development, some of the fibres of the sternal portion of the sterno-cleido-mastoideus were divided and pressed to one side, so as to fully expose the sheath of the vessels. The descendens noni nerve was observed and avoided. The sheath was carefully raised and opened, and the artery, nerve, and vein were found *in situ*. An aneurism needle was now introduced, armed with a strong ligature, between the artery and vein, and cautiously passed around the vessel, carefully avoiding the pneumogastric nerve. The instrument being now withdrawn, a double knot was applied and the ligature drawn until the inner coat of the artery was distinctly felt to yield. The ends of the ligature were suffered to hang out, the edges of the wound were brought together by the interrupted suture and adhesive plasters, and the tepid water dressing and an anodyne ordered. The operation was followed by no remarkable disturbance of the arterial or cerebral functions. The hemorrhage ceased almost instantaneously, and the patient was left for the night in a very comfortable and quiet condition.

20th. The patient doing nicely. No further hemorrhage; pulse one hundred. Continued the tepid water application. Ordered him to maintain the recumbent posture, to observe a low diet, and to take the following: R.—Liq. potass. citrat. $\frac{3}{ij}$; aquæ camph. $\frac{3}{iiij}$; spts. eth. nitrici $\frac{3}{j}$; morph. acet. gr. vj ; antimon. tart. gr. iv.—M. One teaspoonful to be given every hour.

I now left the patient in the hands of Dr. Ledlie, who continued him on the above treatment, occasionally ordering a mild cathartic. The doctor frequently reported him to me as doing well up to about the end of the second week, when we visited him together and removed the ligature, the wound in the neck having healed kindly by the first intention, except where the ligature passed out. At this time, there was a good deal of inflammation and swelling about the jaw and neck near where the bullet was supposed to be lodged. Suppuration was undoubtedly progressing, and, in order to favour its progress, outward warm fomentations were ordered. These were continued for several days, when we again visited him, and the abscess, having begun to point, was opened with a sharp-pointed bistoury. A good deal of unhealthy pus escaped, but the bullet did not come away for several days. But when it had passed off, the abscess healed kindly, and in a few weeks the patient was able to go about his business as healthy and strong as ever.

Some of the most interesting circumstances in connection with this operation were that it was done in a case of emergency, with but one professional assistant, without the aid of chloroform, and with no other light than what a miserable article of tallow candles could afford.

Strangulated Inguinal Hernia successfully treated by an Enema of Tobacco Decoction. By BEVERLY P. REESE, M. D., of Ford's Depot, Dinwiddie Co., Va.

On the night of the 29th September, 1858, I was summoned in great haste to visit a Mr. V., who, the messenger said, had been taken suddenly ill while at the supper-table and had fallen from his seat, and his wife had sent for me, with urgent solicitations to get to his aid as soon as possible. Upon my arrival, I found the patient lying on the floor, behind the door,

with his pantaloons nearly off, revealing at once the malady. He appeared in such agony that I immediately resorted to the lancet, thinking, from the distended appearance of scrotum, it would be impossible to relieve him before overcoming the muscular contractility of the parts. I bled him nearly to syncope, and then resorted to taxis without success.

Finding him difficult to manage without aid, I immediately ordered a physician who lived near by to be sent for, using during the interval warm baths, nauseants, &c., and taking advantage of position, so far as I was able, to control him by the assistance of his wife. I think I never saw an individual suffer more for the time, it being difficult to keep him from going into the fire, saying he preferred to burn than suffer as he did. In a short while assistance was at hand, and all the manipulations we could use proved to be of no effect. Finally, I inquired if he had a syringe; he answered it was at a near neighbour's. I immediately sent for it, with orders to bring some tobacco with it. With great dispatch it was brought, and I immediately made a tobacco decoction, and gave him an enema of about half an ordinary sized cupful, and placed him in a warm bath. In a few minutes, his lips began to grow pale, with a general relaxation of the muscles of the face. He, thinking that he was dying, requested his children to be brought around him, in order that he might give them a parting farewell. I asked the assistance of the doctor, who took him by the feet and I under the arms and placed him on the floor, where, with little or no difficulty, the hernia was reduced.

I have given this hurried sketch of the case: 1st. As an evidence that relief may often be afforded by remedies at hand, without resorting to the knife and severer and more hazardous treatment. 2d. To show the beneficial effects of the use of tobacco, if we could only control or rather regulate its influence.

Chloroform and Tinct. Opii in Tetanus; Recovery. By JAS. L. ORD, M. D., of Santa Barbara, California.

In your number for October, 1860, there is reported a case of spasms which was cured by the use of chloroform, both externally and internally. The author leaves it to the future to determine whether the internal administration of chloroform is as important in the treatment of spasmodyc contractions as analogy had led him to suppose.

The following case came under my care two years since, and was noted in my case-book, which goes to show that chloroform may be used with safety and success in spasmodyc diseases of the worst type.

A. F. H., aged about 36, of a robust constitution, sanguine temperament, by occupation a merchant, had, by accident, the prong of a pitchfork thrust through the palm of his left hand about 5 P. M. He called at my office at 8 o'clock the same evening, suffering intense pain in the hand, extending up the arm to the shoulder; at the same time felt a kind of numbness, so much so that he could only move the arm by taking hold of it with the right hand. The jaws were quite stiff, and he could open his mouth only enough to drink. His articulation was also impeded, and he was labouring under considerable nervous excitement. From all the symptoms, he had traumatic tetanus, and there was no time to lose in treating it. I made a mixture of equal parts of tinct. opii and chloroform ($\frac{3}{4}$ iv $\frac{1}{2}$ aa), and gave him a teaspoonful in half a tumbler of water, and told him to take the same quantity every hour until relieved; then applied a flannel cloth, moistened with the same mixture, to his arm and hand, covered it with